



KENTUCKY BOARD OF EMERGENCY MEDICAL SERVICES

COMMONWEALTH OF KENTUCKY
2545 LAWRENCEBURG ROAD, FRANKFORT, KENTUCKY 40601
PHONE: 502-564-8963 FAX: 502-564-4687



Recertification / Relicensure Application

Check the box or boxes for the Certification/license reapplying for:

☐ First Responder ☐ EMT ☐ Paramedic ☐ Instructor, Level I _____ Level II _____ Level III _____

Fill in all Blanks:

Social Security Number: _____ Certification/License Number: _____ Exp. Date: _____

Birth Date: _____ Sex (M/F) _____

Name: _____
(Last Name) (First Name) (Middle Name) (Maiden Name)

Address _____

City _____ State _____ Zip Code _____

Home Phone: _____ Email address: _____

Years of Education: _____ High School Diploma? ☐ Yes ☐ No GED Certificate? ☐ Yes ☐ No

Other Education: _____

Is your current primary Employment EMS related? ☐ Yes ☐ No Occupation: _____

Name of Company _____ Contact Person _____

Street _____ City _____ State _____ Zip Code _____

Work Phone Number: _____ Fax Number: _____

All questions on this application must be answered. Failure to respond to these questions, this application shall be returned to you as incomplete:

1. Have you ever been convicted of a felony, pled guilty to a felony, entered into an Alford plea to a felony, or participated in a diversion program for a felony? No _____ Yes _____
2. Have you been convicted of a misdemeanor or DUI in the past 5 (five) years? No _____ Yes _____
(If yes, please provide a written explanation and a certified copy of court records).
3. Have you ever been cited for a moving violation while operating an emergency medical vehicle? No _____ Yes _____
(If yes, please provide a written explanation).
4. Have you ever had a civil judgment entered against you arising from a situation(s) in which you were delivering or attempting to deliver medical care? No _____ Yes _____
5. Are you currently in default on any school loans? No _____ Yes _____
(If yes, please provide a written explanation).
6. Have you at any time had your certification(s) or registration(s) in Kentucky or any other state as an Instructor, First Responder, EMT, Paramedic, Registered Nurse or Physician restricted, revoked, denied, suspended or expired? No _____ Yes _____
(If yes, please provide a written explanation and documentation)
7. Do you use drugs, alcohol, or other controlled substances to the extent that it may affect your ability to perform the duties of an EMT? No _____ Yes _____
8. Do you have a physical, mental or other disability for which you are requesting a medical restriction or special accommodation under the Americans With Disabilities ACT (ADA) or a condition that would prevent you from safely performing the duties of a First Responder, EMT or Paramedic? No _____ Yes _____
9. If you marked yes on any of the above questions, have you reported this to the KBEMS office in writing? No _____ Yes _____

If you answer 'Yes' to any of the above questions, you must attach an explanation on a separate sheet including copies of court documents, disciplinary actions, or physician's statement, if applicable.

CONTINUING EDUCATION - Please complete either section I or II whichever applies (Do Not Complete Both Sections):

Section I: complete if your service/organization/department retains your continuing education documents

I hereby certify that the applicant has successfully completed, the two (2) year Certification/Licensure period continuing education as required by 202 KAR 7:201, 202 KAR 7:301, 202 KAR 7:401, and/or 202 KAR 7:601.

I further validate that documentation of these continuing education hours will be maintained by the undersigned and furnished to the Kentucky Board of Emergency Medical Services upon request.

(Date) (Signature of Medical Director, Instructor, Training Officer, or Service Provider)

(Printed Name of above)

I hereby certify that I have completed the continuing educational requirements for my two year licensure/certification period required by 202 KAR 7:201, 202 KAR 7:301, 202 KAR 7:401, and/or 202 KAR 7:601 and that the information provided on this application is complete and true to the best of my knowledge. I understand that knowingly supplying false information on this application is a violation of KRS Chapter 311A and subjects me to the full range of disciplinary action described therein. I also understand that my application can be returned to me incomplete if I failed to provide all information requested on this application.

I further affirm that documentation of my continuing education hours shall be furnished to the Kentucky Board of Emergency Medical Services upon request.

Applicant Signature: _____

Date: _____

Section II: complete if you retain your continuing education documents

I hereby certify I have completed the continuing educational requirements for my two year Certification/Licensure period required by 202 KAR 7:201, 202 KAR 7:301, 202 KAR 7:401 and/or 202 KAR 7:601 and that the information provided on this application is complete and true to the best of my knowledge. I understand that knowingly supplying false information on this application is a violation of KRS Chapter 311A and subjects me to the full range of disciplinary action described therein. I further affirm that documentation of my continuing education hours shall be furnished to the Kentucky Board of Emergency Medical Services upon request. I also understand that my application can be returned to me incomplete if I failed to provide all information requested on this application.

Signature of Applicant Date: _____

If you filled out this section, you must have your signature notarized. If notaries are outside of the state of Kentucky, you must have a notary seal affixed to this document.

State of _____)
_____) ss

County of _____)
Subscribed and sworn to before me by the applicant this _____ day of _____, 20 ____.

Signature of Notary My commission expires: _____

If you have questions concerning your continuing education or other requirements, please contact the:

KENTUCKY BOARD OF EMERGENCY MEDICAL SERVICES
2545 Lawrenceburg Road, Frankfort, KY 40601 Phone (502) 564-8963

KBEMS Use Only:

Check # _____

M.O.# _____

Amount \$ _____